

**HARRITY & SNYDER, L.L.P.**

11240 WAPLES MILL ROAD, SUITE 300

FAIRFAX, VIRGINIA 22030

TELEPHONE (571) 432-0800

FACSIMILE (571) 432-0808

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OCT 17 2005****FACSIMILE TRANSMITTAL****TO:****Name:** Examiner**Firm:** U.S.P.T.O.**Fax No.:** 571-273-8300**Phone No.:** 571-272-1436**Subject:** Application No. 09/895,174**FROM:****Name:** Paul A. Harrity**Phone No.:** (571) 432-0800**Fax # Verified by:** jcc**# Pages (incl. this):** 12**Date:** October 17, 2005**RECEIVED  
OIPE/IAP****OCT 18 2005****Message:**

U.S. Serial No.: 09/895,174

Title: METHOD FOR NODE RANKING IN A LINKED DATABASE

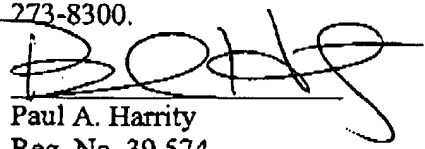
Attached is an Amendment, Amendment/Reply Transmittal Letter, Terminal Disclaimer and Petition for One-Month Extension of Time for the above-identified application.

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I hereby certify that this correspondence consisting of 11 pages is being facsimile transmitted to the Patent and Trademark Office on October 17, 2005, to facsimile number (571) 273-8300.

  
Paul A. Harrity  
Reg. No. 39,574

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OCT 17 2005

Patent  
Attorney's Docket No. 0026-0003CON1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of )

Lawrence Page )

Group Art Unit: 2163

Application No.: 09/895,174 )

Examiner: U. Le

Filed: July 2, 2001 )

For: METHOD FOR NODE RANKING )  
IN A LINKED DATABASE )

AMENDMENT/REPLY TRANSMITTAL LETTER

U.S. Patent and Trademark Office  
Customer Service Window, Mail Stop Amendment  
Randolph Building  
401 Dulany Street  
Alexandria, VA 22314

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☒ A Terminal Disclaimer and ☐ \$65.00 ☒ \$130.00 (charged to Deposit Account No. 50-1070) to cover the requisite Government fee are also enclosed.
- ☐ A Request for Continued Examination under 37 C.F.R. § 1.114 is enclosed.
- ☐ A request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

Amendment/Reply Transmittal Letter  
 Application Serial No. 09/895,174  
 Attorney's Docket No. 0026-0003CON1  
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- ☒ No additional claim fee is required.  
☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims		Minus		x \$50.00 =	
Ind. Claims		Minus		x \$200.00 =	
If Amendment adds multiple dependent claims, add \$360.00					
Total Amendment Fee					
If Small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					

- ☐ A claim fee in the amount of \$ \_ is enclosed.  
☒ Charge \$ 130.00 (Terminal Disclaimer fee) to Deposit Account no. 50-1070.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 50-1070 and please credit any excess fees to such deposit account.

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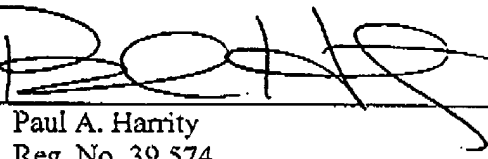
Amendment/Reply Transmittal Letter  
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Attorney's Docket No. 0026-0003CON1  
Page 3

The Commissioner is hereby authorized to charge any other appropriate fees that may be required by this paper that are not accounted for above, and to credit any overpayment, to Deposit Account No. 50-1070.

Respectfully submitted,

HARRITY & SNYDER, L.L.P.

By:

  
Paul A. Harrity  
Reg. No. 39,574

11240 Waples Mill Road  
Suite 300  
Fairfax, Virginia 22030  
(571) 432-0800

Customer Number: 44989  
Date: October 17, 2005

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